

BENEFITS NEWS

An Information Publication for State of California Employees

Know Your COBRA Rights

Consolidated Omnibus Budget Reconciliation Act of 1985

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) is a federal law that requires the State to offer continuation of benefit coverage for health, dental, and vision to covered employees, spouses, domestic partners, and dependent children who lose coverage due to a qualifying event. These individuals are known as "qualified beneficiaries." Each qualified beneficiary can elect independently to continue group coverage, even if the covered employee chooses not to continue coverage.

Group coverage can be continued for a maximum of 18 or 36 months depending on the qualifying event.

Your personnel office is responsible for ensuring that you and your eligible dependents are provided with COBRA information and required notices.

What is a Qualifying Event?

A "qualifying event" is an event that occurs which results in a loss of group coverage. Here is a list of qualifying events and the maximum period of continuation coverage:

Qualifying Events	Length of Eligibility	
	18 Months	36 Months
Voluntary or involuntary termination of employment or reduction of hours	X	
Divorce or legal separation*		X
Child ceases to be a dependent (e.g., child turns age 23, child marries)		X
Death of employee		X
Employee becomes entitled to Medicare (under Part A, Part B, or both)		X

* Termination of domestic partnership. Based on State of California legislation a covered domestic partner is a qualified beneficiary and may continue group coverage under COBRA.

How long after coverage is lost do I have to elect COBRA continuation coverage?

You have a maximum of 60 days to elect COBRA continuation coverage. Your personnel office is required to provide the appropriate election notice which will reflect the last date to elect continuation coverage.

How much is the monthly COBRA premium?

If you elect COBRA, the cost for coverage will be 100% of the total premium, plus a 2% administration fee which you pay monthly to the plan or its designee. Your department is not required to pay a share of the COBRA premium.

You should contact your personnel office for the applicable premiums, plan names, and addresses where to send the monthly premiums.

When do I receive COBRA information?

At the time that you and your dependents (if any) are covered under "group coverage" your personnel office is required to provide you and your eligible dependents with an Initial General COBRA Notice of your rights under COBRA.

Where can I get more COBRA information?

If you need more information, check with your personnel office or visit the Department of Personnel Administration's web site at **www.dpa.ca.gov** (click on Benefits, then COBRA Continuation Coverage).

Note: Employees that are enrolled in the State's FlexElect Medical Reimbursement Account are also eligible to enroll in COBRA continuation coverage if they lose eligibility because of a COBRA qualifying event. For more information contact your personnel office.

For More Information

DPA Benefits Division
(916) 322-0300

Dental Program
(916) 324-0866

Drug Testing Program
(916) 324-9386

**Employee Assistance Program
MHN (Managed Health Network)**
1-866-327-4762

FlexElect Program
(916) 327-6429

**Group Legal Services Plan
ARAG Group**
1-866-762-0972

Group Term Life Insurance Plan
(916) 324-0533

Health Promotion Program
(916) 324-9398

**Long-Term Disability Insurance
Plan**
(916) 324-0533

Merit Award Program
(916) 324-0522

Pre-Tax Parking
(916) 324-0526

Rural Health Care Program
(916) 327-1439

Savings Plus Program
1-866-566-4777
www.sppforu.com

SDI/FMLA
(916) 324-2763

State-Owned Housing Program
(916) 327-1438

**Travel & Relocation and
Vanpool Programs**
(916) 324-0526

Vision Service Plan
1-800-877-7195

**Workers' Compensation
Program**
(916) 445-9792

DPA Fax Numbers

Benefits Division
(916) 322-3769

Savings Plus Program
(916) 327-1885

Internet Address

www.dpa.ca.gov